



Candy Sale Youth Record Sheet

Use one line for each visit (giving candy, returning candy, turning in money). Count money while parent is present.

Youth Member's Name: _____

Phone: _____

Sibling Camp Fire member? Yes No

Goal Amount: _____

DATE	# OF UNITS ISSUED OR RETURNED	(\$) VALUE OF UNITS ISSUED (+) OR RETURNED (-)	MONEY PAID	MONEY OUTSTANDING	SnoCo Partner MONEY	GB Candy	GB SnoCo Partners
TOTALS							

Total Issued = _____ -minus Total Returned = _____ +GB unit Sales _____ = Units Sold _____

Plus SnoCo Partners _____ = _____ Total Sales **(Candy Coordinator will add office sales and Pre-sales)**